

**22 JULY 1993**



***Aerospace Medicine***

**AEROSPACE MEDICAL PROGRAM**

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OPR: HQ AFMOA/SGPA  
( Col Roger F. Landry)

Certified by: HQ AFMOA/SGP  
(Brig Gen Paul D. Gleason)

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1. The ability of the Air Force to conduct effective and sustained combat operations depends largely on the physical and mental health of its personnel. Air Force Aerospace Medical policy is aimed at identifying and preventing illness and injury and maintaining a healthy work environment. This directive establishes policies for specialized aerospace medicine operations in several disciplines, which together are the Aerospace Medical Program (AMP). This program is intended to sustain and improve the health and performance of personnel assigned to operations functions, to prevent disease and injury in the work force, and to protect the environment.
2. Medical care for all flyers and other specified personnel in operations will be provided through the AMP. The family practice concept will be used to provide care to these personnel and their dependents as medical resources allow. Aircrew training will include the identification and control of physiological factors affecting human flight.
3. The Air Force will focus on identifying and reducing risks of illness or injury. It will use formal disease and injury prevention programs to curb the transmission of diseases and to work toward their elimination.
4. The Air Force will ensure the occupational health of its people by identifying work-site health hazards, recommending control measures, assessing fitness for work, conducting medical surveillance, educating workers, and providing clinical services.
5. To ensure compliance with outside regulations and laws, and as a part of assessing risks to human health and the environment, the Air Force will monitor emissions to the environment as well as the environment's overall quality.
6. The following responsibilities and authorities are derived from this policy:
  - 6.1. The Assistant Secretary of the Air Force for Manpower, Reserve Affairs, Installations and Environment (SAF/MI) is responsible for aerospace medical program policy matters as described in Air

Force Policy Directive 90-1, *Strategic Planning and Policy Formulation*, paragraph 1.5.2. SAF/MI approval is required before this document is changed, reissued, or rescinded.

6.2. The Air Force Surgeon General (HQ USAF/SG) formulates, reviews, and executes plans, policies, programs, and budget for the AMP.

6.3. Air Force Medical Operations Agency (AFMOA) carries out approved policies, issues guidance for the Air Force Medical Service, and maintains liaison with other service and Federal agencies.

6.4. Major command surgeons (MAJCOM/SG), National Guard surgeons (NGB/SG), and Air Reserve surgeons (AFRES/SG) execute the AMP within their command.

6.5. The Commander, Headquarters Human Systems Center, Brooks AFB, Texas, provides aeromedical education, research, and technical consultation services for the Air Force community.

6.6. Medical treatment facility and Air Reserve component medical commanders are responsible to their senior installation commander for carrying out the local AMP.

7. See **Attachment 1** for measurements of compliance.

8. See **Attachment 2** for other publications implemented or related to this directive.

ALEXANDER M. SLOAN, Lt General, USAF, MC  
Surgeon General

## Attachment 1

### MEASURING COMPLIANCE WITH POLICY

**A1.1.** HQ USAF/SG will measure compliance with this directive by examining deviations from a zero baseline in the following areas:

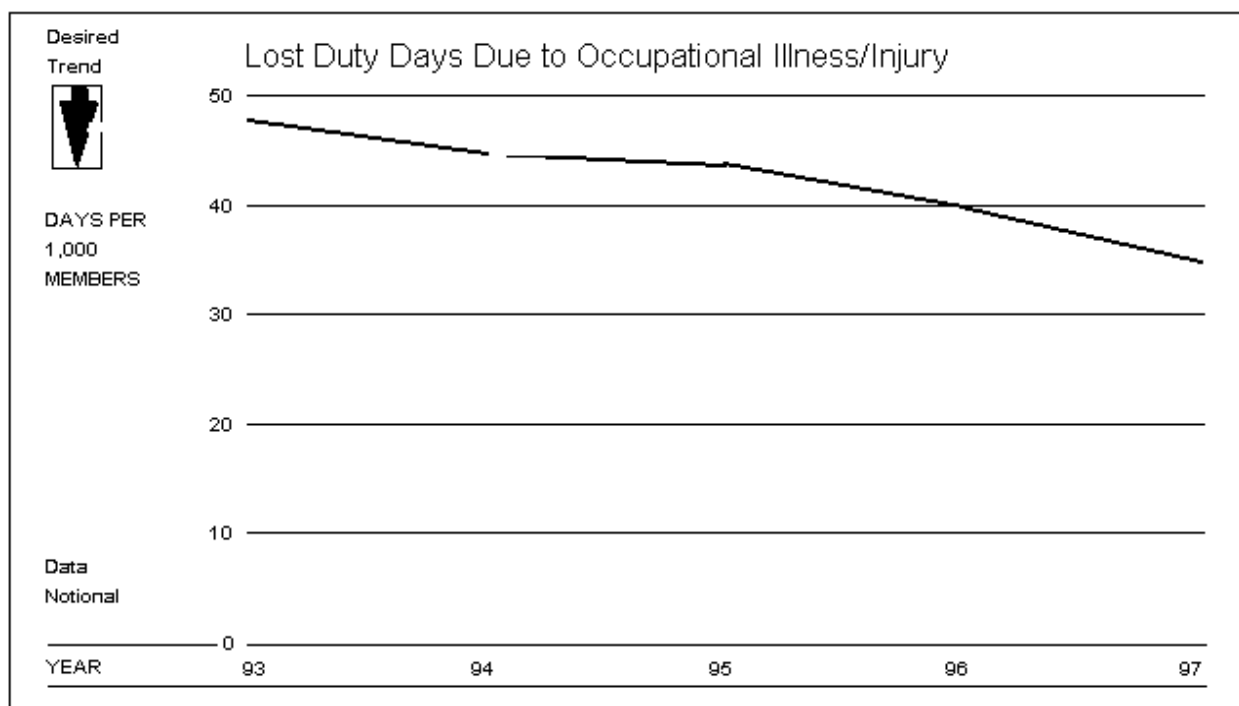
A1.1.1. **Lost Duty Days Due to Occupational Illness and Injury.** This report (**Figure A1.1.**) evaluates performance in ensuring the occupational health and safety of Air Force people.

A1.1.2. **Environmental and Occupational Health Violations.** This measure (**Figure A1.2.**) indicates compliance with policies to sustain and improve health and performance of operations personnel, to prevent disease and injury, and to protect the environment. Notice of violations are formal reports generated by regulatory inspections.

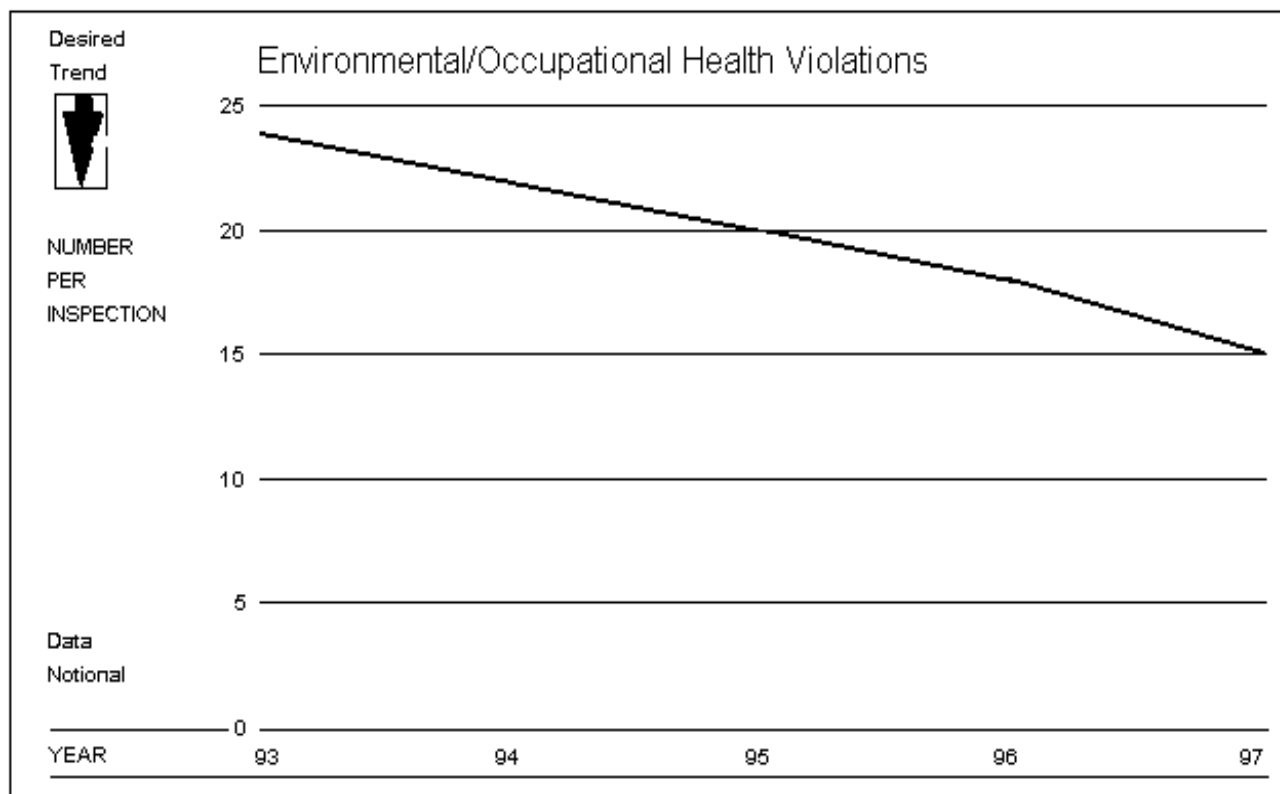
A1.1.3. **Operations Related Class A Mishap Rates.** Operations related mishap rates (**Figure A1.3.**) will reflect mishaps that include one or more of the following factors: pilot induced control loss, collision with the ground, midair collisions, pilot induced takeoff and landing accidents, pilot induced flameouts, and cargo drops. This metric indicates compliance with policies to include consideration of physiological factors in aircrew training and to prevent injury in the workplace.

**A1.2.** Measurements for analysis and action for all three metrics will be taken from HQ USAF/SEL, Headquarters Human Systems Center, MAJCOM Environmental Protection Committees, and command Occupational Health and Safety Council Reports. Data will be presented annually in the RCS: HAF - SG(A) 9322, *Aerospace Medicine Policy on Preventive Programs Report*.

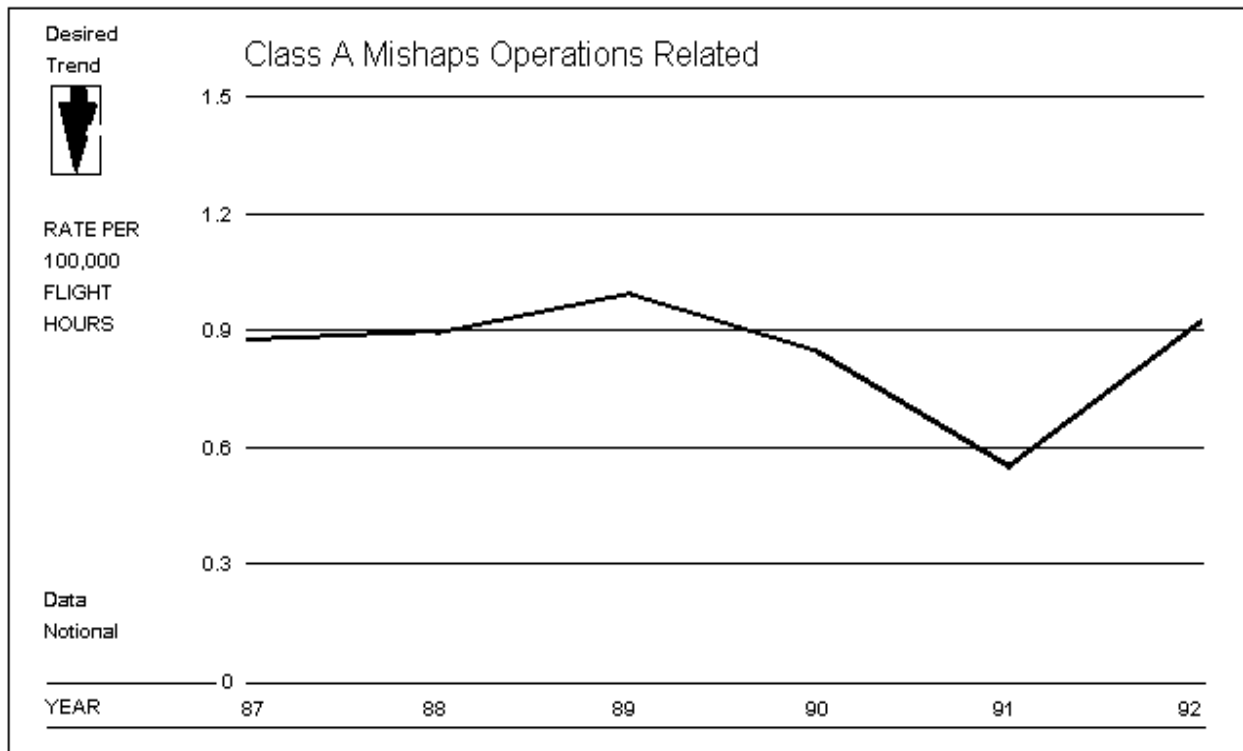
**Figure A1.1. Sample Metric of Lost Duty Days Due to Occupational Illness/Injury.**



**Figure A1.2. Sample Metric of Environmental/Occupational Health Violations.**



**Figure A1.3. Sample Metric of Class A Mishaps Operations Related.**



## **Attachment 2**

### **RELATED PUBLICATIONS**

This directive implements all 127- and 161-series AFOSH Standards and the following publications:

#### ***Code of Federal Regulations***

Title 10, Chapter I, *Nuclear Regulatory Commission*, Current edition

Title 21, Chapter I, *Food and Drug Administration, Department of Health and Human Services*, Current edition

Title 29, Chapter XVII, *Occupational Safety and Health Administration, Department of Labor*, Current edition

Title 40, Chapter I, *Environmental Protection Agency*, Current edition

Title 42, Chapter I, *Public Health Service, Department of Health and Human Services (includes Agency for Toxic Substance and Disease Register)*, Current edition

Title 49, *Transportation (of hazardous materials)*, Current edition

#### ***Department of Defense (DoD) Publications***

DoD Directive 1010.7 With Changes 1 and 2, *Drunk and Drugged Driving by DoD Personnel*, August 10, 1983

DoD Directive 1308.1, *Physical Fitness and Weight Control Programs*, June 29, 1981

DoD Instruction 4120.13, *Safety Program for Chemical Agents and Weapon Systems*, July 9, 1987

DoD Directive 4150.7, *DoD Pest Management Program*, October 24, 1983

DoD Directive 4165.60, *Solid Waste Management, Collection, Disposal, Resource Recovery, and Recycling Program*, October 4, 1976

DoD Manual 6055.7M With Change 1, *Fire Incident Reporting Manual*, February 1984

DoD Instruction 6055.8, *Occupational Radiation Protection Program*, March 31, 1987

DoD Instruction 6055.9 With Change 1, *DoD Explosive Safety Board*, November 25, 1983

DoD 6055.9 Standard, *Ammunition and Explosives Safety Standard*, October 1992

DoD Instruction 6055.11 With Change 1, *Protection of DoD Personnel From Exposure to Radiofrequency Radiation*, August 20, 1988

DoD Instruction 6055.12, *DoD Hearing Conservation Program*, March 26, 1991

DoD Directive 6055.13, *Transportation Accident Prevention and Emergency Response Involving Conventional DoD Munitions and Explosives*, May 27, 1988

DoD Directives 6130.3, *Physical Standards for Enlistment, Appointment, and Induction*, March 31, 1986

DoD Directive 6230.1, *Safe Drinking Water*, April 24, 1978

DoD Directive 6485.1 With Change 1, *Human Immunodeficiency Virus-1 (HIV-1)*, March 19, 1991

FAA Regulations FAR 67, *Medical Standards and Certification*, Current edition

***This directive interfaces with all AFI 48-100 series and the following publications:***

AFPD 40-2, *Radioactive Materials (Non-Nuclear Weapons)*, No Former Publication

AFPD 41-1, *Health Care Programs and Resources*, No Former Publication

AFPD 41-2, *Medical Support*, No Former Publication

AFPD 44-1, *Medical Operations*, No Former Publication

AFPD 91-2, *Safety Programs*, No Former Publication

AFI 91-204, *Investigating and Reporting Mishaps*, (Formerly AFR 127-4)